

Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Type or print in ink.
Amounts may be rounded
to whole dollars.

Report covers period

Date Stamp
2/2/2004

CALIFORNIA
FORM **465**

SEE INSTRUCTIONS ON REVERSE

☐ **Amendment** (Explain Below)

Amendment No 000

Report No CM1

from 1/1/2003

through 12/31/2003

Date of election if applicable:
(Month, Day, Year)

10/7/2003

Page 1 of 7

For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
1258540

COMMITTEE/FILER'S NAME

MoveOn.Org PAC, A Committee Against the Recall of the Governor and Proposition 54

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Berkeley CA 94707 (510)524-3492

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

Wes Boyd

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Berkeley CA 94707 (510) 524-3492

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE		SUPPORT	OPPOSE
Arnold Schwarzenegger	Governor			X
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

CUMULATIVE TO DATE
CALENDAR YEAR
(JAN.1 - DEC.31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
10/2/2003	Fenton Communications San Francisco, CA 94105	Television Buy	\$6,980.32	\$6,980.32
10/2/2003	Media Strategies and Research Denver, CO 80203	Television Buy	\$230,000.00	\$230,000.00
	Zimmerman & Markman Santa Monica, CA 90401	Television Buy	\$.00	\$.00

Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Type or print in ink.
Amounts may be rounded
to whole dollars.

Report covers period

Date Stamp
2/2/2004

CALIFORNIA
FORM **465**

SEE INSTRUCTIONS ON REVERSE

Amendment No 000

Report No CM1

☐ **Amendment** (Explain Below)

from 1/1/2003

through 12/31/2003

Date of election if applicable:
(Month, Day, Year)

10/7/2003

Page 2 of 7

For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)

COMMITTEE/FILER'S NAME

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

SUPPORT

OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

CUMULATIVE TO DATE
CALENDAR YEAR
(JAN.1 - DEC.31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
	KNBC-TV Burbank, CA 91523-0001	Television Buy	\$.00	\$.00
	KCBS-TV Los Angeles, CA 90028-6493	Television Buy	\$.00	\$.00
	KTTV-TV Los Angeles, CA 90025-5235	Television Buy	\$.00	\$.00

Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Type or print in ink.
Amounts may be rounded
to whole dollars.

Report covers period

Date Stamp
2/2/2004

CALIFORNIA
FORM **465**

SEE INSTRUCTIONS ON REVERSE

Amendment No 000

Report No CM1

☐ **Amendment** (Explain Below)

from 1/1/2003

through 12/31/2003

Date of election if applicable:
(Month, Day, Year)

10/7/2003

Page 3 of 7

For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)

COMMITTEE/FILER'S NAME

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

SUPPORT

OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

CUMULATIVE TO DATE
CALENDAR YEAR
(JAN.1 - DEC.31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
	KTLA-TV Los Angeles, CA 90028-6696	Television Buy	\$00	\$00
	KOVR-TV West Sacramento, CA 95605-1600	Television Buy	\$00	\$00
	KTXL-TV Sacramento, CA 95820-5299	Television Buy	\$00	\$00

Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Type or print in ink.
Amounts may be rounded
to whole dollars.

Report covers period

Date Stamp
2/2/2004

CALIFORNIA
FORM **465**

SEE INSTRUCTIONS ON REVERSE

Amendment No 000

Report No CM1

☐ **Amendment** (Explain Below)

from 1/1/2003

through 12/31/2003

Date of election if applicable:
(Month, Day, Year)

10/7/2003

Page 4 of 7

For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)

COMMITTEE/FILER'S NAME

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

SUPPORT

OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

CUMULATIVE TO DATE
CALENDAR YEAR
(JAN.1 - DEC.31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
	KFMB-TV San Diego, CA 92111-1582	Television Buy	\$.00	\$.00
	KNSD-TV San Diego, CA 92101-5015	Television Buy	\$.00	\$.00
	KUSI-TV San Diego, CA 92123-1623	Television Buy	\$.00	\$.00

Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Type or print in ink.
Amounts may be rounded
to whole dollars.

Report covers period

Date Stamp
2/2/2004

CALIFORNIA
FORM **465**

SEE INSTRUCTIONS ON REVERSE

Amendment No 000

Report No CM1

☐ **Amendment** (Explain Below)

from 1/1/2003

through 12/31/2003

Date of election if applicable:
(Month, Day, Year)

10/7/2003

Page 5 of 7

For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)

COMMITTEE/FILER'S NAME

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE		SUPPORT	OPPOSE
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

CUMULATIVE TO DATE
CALENDAR YEAR
(JAN.1 - DEC.31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
	KPIX-TV San Francisco, CA 94111-1597	Television Buy	\$.00	\$.00
	KTVU-TV Oakland, CA 94607-3727	Television Buy	\$.00	\$.00
	KNTV-TV San Francisco, CA 94124	Television Buy	\$.00	\$.00

Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Type or print in ink.
Amounts may be rounded
to whole dollars.

Report covers period

Date Stamp
2/2/2004

CALIFORNIA
FORM **465**

SEE INSTRUCTIONS ON REVERSE

Amendment No 000

Report No CM1

☐ **Amendment** (Explain Below)

from 1/1/2003

through 12/31/2003

Date of election if applicable:
(Month, Day, Year)

10/7/2003

Page 6 of 7

For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)

COMMITTEE/FILER'S NAME

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

SUPPORT

OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

CUMULATIVE TO DATE
CALENDAR YEAR
(JAN.1 - DEC.31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
	KRON-TV San Francisco, CA 94109-6817	Television Buy	\$00	\$00

Supplemental Independent Expenditure Report

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	1/1/2003	
through	12/31/2003	Page 7 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MoveOn.Org PAC, A Committee Against the Recall of the Governor and Proposition 54

I.D. NUMBER (If recipient com.)

1258540

4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3.).....	\$236,980.32
2. Total independent expenditures under \$100 made this period. (Not itemized.).....	\$0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)..... TOTAL	\$236,980.32

5. Filing Officers

Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.

1) NAME OF FILING OFFICER

Secretary of State

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

Sacramento CA 95814

2) NAME OF FILING OFFICER

San Francisco County Registrar Recorder

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

San Francisco CA 94102

3) NAME OF FILING OFFICER

Sacramento County Registrar of Voters

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

Sacramento CA 95827

4) NAME OF FILING OFFICER

Alameda County Registrar of Voters

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

Oakland CA 94612

6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/30/2004

DATE

Executed on 1/30/2004

DATE

Executed on

DATE

Executed on

DATE

By Boyd Boyd Boyd Boyd

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Boyd Boyd Boyd Boyd

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT